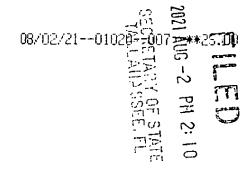
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(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Co	rporations						
SURJECT: Crice	u Holdings U Name of Lir	_C					
30B3ECT	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.					
Please return all correspo	ondence concerning this matter	r to the following:					
·	C	<i>€</i>					
	T 00						
	1.8tt losi	Name of Person					
		Name of Person					
	Image Holding	247					
	_ COGTO CTOTAGE	Firm/Company					
	570 NE 70	7th Street					
		Address	202				
			AC I				
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			cation) Fig. 5				
For further information c	oncerning this matter, please c	all:	7 4 -				
T. (:							
16-1 [w	en.	at (<u>786</u>) <u>660 - 331</u> Area Code Daytime	8				
Name o	rerson	Area Code Daytime	Telephone Number				
Enclosed is a check for th	ne following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,				
	Certificate of Status	Certified Copy	Certificate of Status &				
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)				
			(additional copy is encised)				
Mailina Adda		Cr					
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sect	ion				
Division of C		Division of Corporations					
P.O. Box 632	7	The Centre of Ta					
Tallahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	bility Company as	t now appears on o	ur records.)		_
The Articles of Organization for this Limited Liability Florida document number <u>しょ8000+93 8 9 8</u>	y Company were			and	Lassigned
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the l	imited liability c	ompany here:			
The new name must be distinguishable and contain the words "I					
The new name must be distinguishable and confain the words "I	Limited Liability Cor	npany," the designat	ion "LEC" or the ab ص	breviation	ı "L.L.C."
Enter new principal offices address, if applicable:	<u>5</u>	70 NE 20	77th Straigh	22	
(Principal office address MUST BE A STREET AD	DRESS) \(\frac{\backsless}{2}	TO NE ZO	33171-1	AUG.	
			ນາ ທ⊂ ກາ™	PH	
Enter new mailing address, if applicable:			بر مانت	1/2	
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office addres	s on our records	s, enter the nam	e of the	new register
Name of New Registered Agent:	Jeff ic	ว์เม			
New Registered Office Address:	STO NE	2.67-th Sty.	et address		
,	Vlikmi		Florida	33/:	9. S
	/"	D.	, глогіца	95.75	<i>y y</i>

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
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			2001 AUG -2 PH 2: 11 SECRETARY OF STATE AND ASSEE, FL
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Page 2 of 3

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